HCA6223050 – possible meningioma R temporal lobe – follow up with physician; Include w/ flag age 60
HCA6372875 – unusually large sulcus – no medical concern but possible registration issue - Include with flag
age 57
HCA6475986 – small meningioma; benign - Include with flag

age 74
extraaxial mass in the left aspect of the craniocervical junction should be followed up with a dedicated MRI with contrast enhanced images, DWI and other sequences. It is most likely a benign lesion just a meningioma but we need to see on a full MRI.” — Include with flag

age 76
HCA6589294 – “giant arachnoid granulation” – no follow-up - Include with flag
age 58
HCA6680987 — “This is clearly a bone lesion. It is most likely benign since it looks like it has grown slowly and remodeled the bone without destroying it.”

Include with flag

age 45
HCA6752784 – size of ventricles & volume loss in frontal & temporal lobes is of concern; follow-up recommended - Include with flag

age 58
HCA6776798 – infarction just anterior to and involving part of the lenticular nucleus - Include with flag
age 84
HCA6792190 – falx calcification; no follow-up - Include with flag

age 36
HCA7101546 – subdural hematoma, likely chronic but has some evidence that had some occurrence about 1-4 weeks ago; only mild local mass effect over the right hemisphere without midline shift or herniation. Include with flag age 62
HCA7124659 – old stroke in R parietal; no follow-up - Include with flag

age 88
“Hyperintense T1 signal changes caudal to the right temporal lobe is in the right temporal bone mastoid segment (within mastoid air cells). There are also inflammatory mucosal thickening along the remainder right and the left mastoid air cells. T1 hyperintensity can be seen with methemoglobin but more likely due to cholesterol crystals in this case. This appearance is typically seen with cholesterol granuloma, can be asymptomatic. No emergent or malignant process. Patient can see an ENT physician and get a CT of the temporal bone to better evaluate the temporal bones, in nonurgent matter. Otherwise no significant findings in the brain.” - Include with flag age 48
HCA7195884 – post frontal arachnoid cyst displacing normal brain; follow-up required. Include with flag age 57
HCA7296183 – possible subependymoma or cystic lesion; follow-up recommended; Include with flag

age 75
HCA7996616 – 1. white matter disease; 2. retrovermian arachnoid cyst; no follow-up - Include with flag age 56
HCA8324975 – arachnoid cyst frontal region causing minimal mass effect to frontal lobe; global volume loss of cerebrum; no followup - Include with flag

age 81
HCA8494899 – "benign hamartomatous lesion of notochord remnant called: " ecchordosis physaliphora" follow-up with PC recommended - Include with flag

age 53
HCA8749907 – possible skull base neoplasm/glomus; follow-up recommended; include with flag
age 63
HCA8797211 – possible thalamic cavernoma; follow-up recommended; Include with flag
age 47
“This is a bit weird looking. It does not look like a tumor, more likely a punctate stroke or a punctate bleed (maybe from a cavernoma). My concern is low but I do think they need a follow up in 4 months or so to see how this is evolving and then we can know for sure if to be worried or not.” (more concerning if history of cancer.) – Include with flag

age 59
HCA9086990_V2 — “Advanced diffuse cerebral volume loss, more than expected for age. There is a chronic small lacunar infarction in the left cerebellar hemisphere. Advanced enlarged perivascular spaces throughout both cerebral hemisphere, of no clinical significance.” — Include with flag age 75
HCA9095284 – “midline meningioma with calcifications, thus a benign tumor attached to the midline falx” – recommended follow-up with neurologist; changed to include with flag age 44
HCA9161877 – "Posterior fossa cyst with enlargement of the 4th ventricle and upward mass effect on the vermis. Subject does need to be clinically evaluated and needs further dedicated MR imaging sooner than later." - Include with flag age 41
HCA9194084 – white matter disease - Include with flag
age 42
“There is nothing urgent. Two areas of encephalomalacia (cortical loss, volume loss and gliosis of the WM underneath) in left middle frontal gyrus and a smaller area in the left parietal parasagittal region. These are likely from chronic infarction. Diffuse cerebral cortical atrophy and cerebellar volume loss, not unexpected for the age.” – Include with flag

age 86
HCA6121143 – NOT YET RELEASED possible arteriovenous fistula; follow-up recommended; Include with flag age 65
HCA6757794 – NOT YET RELEASED an area of old lacunar infarct, but since its old there is nothing to be done about this. He also has large VR spaces and his basilar artery is huge; I don’t see an aneurysm or anything that could be treated; no followup - Include with flag
age 89
HCA6999718 – NOT YET RELEASED old infarct of the right globes pallidus – Include with flag
age 86
there is moderate to severe white matter changes on T2. they seem to spare the subcortical U-fibers for the most part. all lobes are involved to some extent but more severe in the bi-frontal white matter. There is also some moderate atrophy. These are all likely small vessel changes, but are really non-specific. The severity and pattern could suggest another syndrome involving the white matter. For age this is even more than one would expect, so I would have the patient examined by a neurologist and a full clinical MRI to better characterize this process.

age 85
HCA7532876 – NOT YET RELEASED possible TIA or lacunar infarcts - Include with flag
age 70
HCA7782900 – NOT YET RELEASED small focal cortical infarct (old stroke); no follow-up - Include with flag
age 80
probable small vessel ischemic disease, WM volume loss, atrophy & enlarged ventricles; could be age related but may want follow-up for med change to help - Include with flag

age 83